

**Notice:** You are required to provide information requested on this form to apply for reimbursement of an Urban Forestry Grant, under U.S. Public Law 95-313, s. 6(b), Wis. Stats. 23.097, Wis Admin. Code, NR47. The Department will be unable to process your application unless you provide complete information as requested. Information will be used to determine payment, provide statistical information and potentially to use as an example for other grant recipients. Personally identifiable information collected is not intended to be used for other purposes. Information will also be made available to requesters as required under Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats.].

Sponsor Name:  The DNR will mail the check to the name identified on the application as "Check Recipient."		Project Number:		LEAVE BLANK – DNR USE ONLY	
		Project Name:		RUFC Initials/Date	
				Bur. CFA Initials/Date	
				Bur. FN Initials/Date	
Classification		Expenditures		Amendment	This Claim
		This Claim	Submitted to Date		
LABOR & SERVICES	- Sponsor				
	- Volunteer (Not Reimbursable)				
EQUIPMENT USAGE	- Sponsor				
	- Donated by Third Parties (Not Reimbursable)				
SUPPLIES	- Sponsor				
	- Donated by Third Parties (Not Reimbursable)				
CASH EXPENDITURES	- Sponsor				
	- From Third-Party Donations (Not Reimbursable)				
1. Total Expenditures					
A. Project Revenue					
B. Project Cost					
C. Approved Project Amount					
D. Cost Overrun					
E. Additional Aid Requested					
2. Sponsor Share					
3. Grant Share					
A. Advance Amount					
B. Balance Due					

Certification - I certify, to the best of my knowledge and belief, that the billed costs of expenditures are based on actual payments of record and are in accordance with the terms of the project, and that the reimbursement represents the grant share due which has not previously been requested. I also certify that the items purchased and services rendered have been received and all bills have been paid.

Signature of Authorized Representative		Date Signed
Printed or Typed Name of Authorized Representative		Title
Office Telephone ( )	Home Telephone ( )	